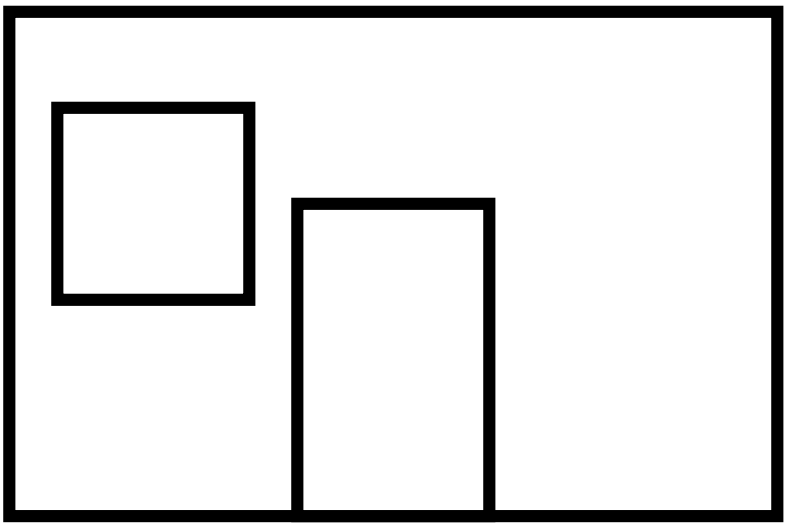
Module III. Acquired Brain Injury Eligibility Determination Guide

(Updated for July 1st 2009)

"**The most beautiful thing we can experience is the mysterious."** **(Albert Einstein)**



Instructions to this module:

- This module is designed to be interactive. It only is able to reflect the tools in regards to ABI eligibility determination. Every eligibility determination process is different (depending on the person). Eligibility can be considered a fine art.
- The topic “Eligibility Determination” is further discussed in the Certification Training given at the State Office in Salt Lake City.
- You are highly encouraged to discuss the ABI Eligibility Determination Process with your:
  a) Supervisor, or the
  b) ABI Program Manager, Rolf M. Halbfell (contact number is (801) 538-8244), or the
  c) Eligibility Specialist, Alan Tribble (contact number is (801)-538-4351)

Objectives of this module:

a) Become familiar with the eligibility determination process.
b) Become familiar with the Administrative Rule relating to eligibility.
c) Understand the term “related conditions.”
d) Become familiar what to look for in a case scenario.

Eligibility Criteria

The eligibility criteria for Non-Waiver Brain Injury Services; and Brain Injury Waiver Services can be found in the Administrative Rule (R 539-1-8 and 9). Additional eligibility criteria is found on the ABI Waiver Template.

The new ABI Eligibility Criteria (dated 07/01/2009) for both waiver and non-waiver services is not only documented in the actual ABI Waiver template, but is further documented in Administrative Rule. Click on the links listed below to review the Division's most current eligibility rules.

R539-1-8. Eligibility for Non-Waiver Brain Injury Services.

R539-1-9. Eligibility for Acquired Brain Injury Waiver Services.

R539-1-10. Graduated Fee Schedule.

Acquired Brain Injury Waiver Template "Language.:" (State Implementation Plan effective July 1, 2009).

1. Waiver services are limited to the following age groups:
   18 years of age and older

2. Acquired brain injury is defined as being injury related and neurological in nature, and may include cerebral vascular accident and brain injuries that have occurred after birth. Acquired brain injury does not include individuals whose functional limitations are due solely to mental illness, substance abuse, personality disorder, hearing impairment, visual impairment, learning disabilities, behavior disorders, aging process, or individuals with deteriorating diseases such as multiple sclerosis, muscular dystrophy, Huntington's chorea, ataxia, or cancer.

3. Individuals must meet a qualifying ICD 9 CM diagnoses as outlined in Administrative Rule: R539-1-8 (1)(a).

4. Individual must score between 40 and 120 on the Comprehensive Brain Injury Assessment (CBIA) Form as outlined in Administrative Rule :R539-1-8 (1)(c).

5. This waiver is not available to individuals who have suffered congenital brain injury, or brain injuries induced by birth trauma.

6. This waiver is not available to individuals who were diagnosed with Mental Retardation

7. This waiver is limited to persons with disabilities who have established eligibility for State matching funds through the Utah Department of Human Services in accordance with UCA 62A-5.

NOTE: New to the 2009 ABI Waiver is that Related Condition is no longer an exclusionary diagnosis. This means that individuals that sustained their brain injuries prior to age 22 could be found eligible for both, the UCSW waiver as well as the ABI Waiver, if they met the full eligibility criteria for both waivers.

If an individual is eligible for more than one of the waivers operated by DSPD, the division will educate the individual about their choices and will advise the individual about which of the waivers will likely best meet their need. (Again, only applicable for those that sustained their ABI prior to age 22)

What is a "related condition"?

"Related conditions" is defined in Federal Law 42CFR435.1009

[Code of Federal Regulations]
[Title 12, Volume 1]
[Revised as of January 1, 2003]
From the U.S. Government Printing Office via GPO Access
[**CITE**: **42CFR435**.**1009**]

[Page 162-164]

TITLE 42--PUBLIC HEALTH

CHAPTER IV--CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES--(Continued)

PART 435--ELIGIBILITY IN THE STATES, DISTRICT OF COLUMBIA, THE NORTHERN MARIANA ISLANDS, AND AMERICAN SAMOA--Table of Contents

Subpart K--Federal Financial Participation

Sec. 435.**1009** Definitions relating to institutional status.

For purposes of FFP, the following definitions apply:

Persons with related conditions means individuals who have **a severe, chronic disability** that **meets *all* of the following conditions**: (a) It is attributable to
(1) Cerebral palsy or epilepsy; or
(2) Any other condition, other than mental illness,
found to be closely related to mental retardation because this condition results in impairment of **general intellectual functioning** or adaptive behavior similar to that of mentally retarded persons, and requires treatment or

services similar to those required for these persons.
(b) It is manifested before the person reaches age 22.
(c) It is likely to continue indefinitely.
(d) results in substantial functional limitations in three or more of the following areas of major life activity:
(1) Self-care.
(2) Understanding and use of language.
(3) Learning.
(4) Mobility.
(5) Self-direction.
(6) Capacity for independent living.

IMPORTANT: Do not use the criteria found in rule or on Form 19
NOTE: Substantial Functional Limitations must be due to the condition noted under (a) attributable to…

Persons with related conditions means individuals who have a severe, chronic disability that meets all of the following conditions:

(a) It is **attributable to**--

(1) **Cerebral palsy** or **epilepsy**; or

The "severe, chronic disability" has to be "attributable" to the identified condition(s). Some related conditions can be very mild in some individuals (F-X, CP, FAS) and

(2) **Any other condition**, **other than mental illness**, found to be closely related to **mental retardation** because **this condition** results in impairment of general **intellectual functioning** **or** **adaptive behavior** similar to that of mentally retarded persons, **and** requires **treatment or services** **similar** to those required for these persons.

"Any other condition" - has to be a specific identified/diagnosed condition- Most likely qualify: Autism and lots of known causes of MR: Down's Syndrome, Fetal Alcohol Syndrome, and Fragile –X are most common; Other brain/neurological based conditions may qualify: P-W, severe ABI/TBI, Spina Bifida,

Probably not qualify:, PDD-NOS, Tourette's, Reactive Attachment, CHARGE
Probably not: Medical/ physical conditions (cancer, AIDS, spinal cord injury, MD, MS) Asperger's, ADHD, Conduct Disorder, Borderline Intellectual Functioning, Learning Disorders, Deaf, Blind, Substance Abuse, Mental Illness (including Psychotic, Mood & Anxiety Disorders and Personality Disorders, Paraphilias)

b) It is **manifested** before the person reaches age 22.

(c) It is **likely to continue indefinitely**.

The functional limitations must be present by age 22 years, not just the underlying condition

(d) It results in **substantial functional limitations** in three or more of the following areas of major life activity:

(1) Self-care.

(2) Understanding and use of language.

(3) Learning.

(4) Mobility.

(5) Self-direction.

(6) Capacity for independent living.

"substantial functional limitations" must be due to the "condition" noted in "(a)" above.

Do not use the same criteria as in DSPD Rule (Form 19/19c)

Additional Information on Related Conditions:

Cerebral Palsy
http://www.ucp.org/ucp_generaldoc.cfm/1/9/37/37-37/447
http://gait.aidi.udel.edu/res695/homepage/pd_ortho/clinics/c_palsy/cpweb.htm
http://www.urbanext.uiuc.edu/specialneeds/cp.html

Epilepsy
http://www.epilepsynse.org.uk/pages/info/leaflets/explaini.cfm
http://www.urbanext.uiuc.edu/specialneeds/epilepsy.html

Pervasive Developmental Disorders
-Autism
-Rett's
-Childhood Disentigrative
Please see in "Diagnostic and Statistical Manual of Mental Disorders 4th Edition- DSM-IV"

Most Common Causes of Mental Retardation

Down Syndrome
http://www.ndss.org/content.cfm?fuseaction=InfoRes.Generalarticle&article=29

Fragile X
http://www.fragilex.org/html/what.htm

Fetal Alcohol Syndrome
http://www.well.com/user/woa/fsfas.htm

Other Conditions Closely Related to Mental Retardation

Spina Bifida
http://www.sbaa.org/site/PageServer?pagename=ASB_faq
http://www.urbanext.uiuc.edu/specialneeds/spinebif.html

Prader -Willie Syndrome
http://www.pwsausa.org/faq.htm

Smith-Magenis Syndrome
http://www.rarediseases.org/search/rdbdetail_abstract.html?disname=Smith%20Magenis%20Syndrome
Angelman Syndrome
http://www.ninds.nih.gov/disorders/angelman/angelman.htm
Williams Syndrome
http://www.williams-syndrome.org/forparents/whatiswilliams.html

Tuberous Sclerosis
http://www.ninds.nih.gov/health_and_medical.pubs/tuberous_sclerosis.htm

Other Conditions

Huntington's Disease
http://www.neurologychannel.com/huntingtons/

Reactive Attachment Disorder
Please see in "Diagnostic and Statistical Manual of Mental Disorders 4th Edition- DSM-IV"

Tourette's
Please see in "Diagnostic and Statistical Manual of Mental Disorders 4th Edition- DSM-IV"

Multiple Sclerosis
http://www.nationalmssociety.org/MS%20the%20Disease.asp

Muscular Dystrophy
http://www.mdausa.org/disease/40list.html

Sample Selection of International Classifications of Diseases (ICD) 9th Revision for Brain Injury:

(The below indicated sample codes do not reflect all varieties of brain injury. For this manual the below codes serve the purpose of giving you some insight how brain injury is coded in the ICD).

348.1 Anoxic brain damage

Excludes:
that occurring in:
abortion (634-638 with .7, 639.8)
ectopic or molar pregnancy (639.8)
labor or delivery (668.2, 669.4)
that of newborn (767.0, 768.0-768.9, 772.1-772.2)
Use additional E code to identify cause

FRACTURE OF SKULL (800-804)
The following fifth-digit sub-classification is for use with the appropriate codes in categories 800, 801, 803, and 804:

0 unspecified state of consciousness
1 with no loss of consciousness
2 with brief [less than one hour] loss of consciousness
3 with moderate [1-24 hours] loss of consciousness
4 with prolonged [more than 24 hours] loss of consciousness and return to pre-existing conscious level
5 with prolonged [more than 24 hours] loss of consciousness, without return to pre-existing conscious level
Use fifth-digit 5 to designate when a patient is unconscious and dies before regaining consciousness, regardless of the duration of the loss of consciousness
6 with loss of consciousness of unspecified duration
9 with concussion, unspecified

800 Fracture of vault of skull
Requires fifth digit. See beginning of section 800-804 for codes and definitions.
Includes:
frontal bone
parietal bone

800.0 Closed without mention of intracranial injury
800.1 Closed with cerebral laceration and contusion
800.2 Closed wtih subarachnoid, subdural, and extradural hemorrhage
800.3 Closed with other and unspecified intracranial hemorrhage
800.4 Closed with intracranial injury of other and unspecified nature
800.5 Open without mention of intracranial injury

800.6 Open with cerebral laceration and contusion
800.7 Open with subarachnoid, subdural, and extradural hemorrhage
800.8 Open with other and unspecified intracranial hemorrhage
800.9 Open with intracranial injury of other and unspecified nature

801 Fracture of base of skull

Requires fifth digit. See beginning of section 800-804 for codes and definitions.

Includes:

fossa:
anterior
middle
posterior
occiput bone
orbital roof

sinus:
ethmoid
frontal
sphenoid bone
temporal bone

801.0 Closed without mention of intracranial injury
801.1 Closed with cerebral laceration and contusion
801.2 Closed with subarachnoid, subdural, and extradural hemorrhage
801.3 Closed with other and unspecified intracranial hemorrhage
801.4 Closed with intracranial injury of other and unspecified nature
801.5 Open without mention of intracranial injury
801.6 Open with cerebral laceration and contusion
801.7 Open with subarachnoid, subdural, and extradural hemorrhage
801.8 Open with other and unspecified intracranial hemorrhage
801.9 Open with intracranial injury of other and unspecified nature

Other 803 skull fractures

Requires fifth digit. See beginning of section 800-804 for codes and definitions.

Includes: **and unqualified**
skull NOS
skull multiple NOS

803.0 Closed without mention of intracranial injury
803.1 Closed with cerebral laceration and contusion
803.2 Closed with subarachnoid, subdural, and extradural hemorrhage
803.3 Closed with other and unspecified intracranial hemorrhage
803.4 Closed with intracranial injury of other and unspecified nature
803.5 Open without mention of intracranial injury
803.6 Open with cerebral laceration and contusion
803.7 Open with subarachnoid, subdural, and extradural hemorrhage
803.8 Open with other and unspecified intracranial hemorrhage

803.9 Open with intracranial injury of other and unspecified nature

804 Multiple fractures involving skull or face with other bones
Requires fifth digit. See beginning of section 800-804 for codes and definitions.
804.0 Closed without mention of intracranial injury
804.1 Closed with cerebral laceration and contusion
804.2 Closed with subarachnoid, subdural, and extradural hemorrhage
804.3 Closed with other and unspecified intracranial hemorrhage
804.4 Closed with intracranialinjury of other and unspecified nature
804.5 Open without mention of intracranial injury
804.6 Open with cerebral laceration and contusion
804.7 Open with subarachnoid, subdural, and extradural hemorrhage
804.8 Open with other and unspecified intracranial hemorrhage
804.9 Open with intracranial injury of other and unspecified nature

INTRACRANIAL INJURY, EXCLUDING THOSE WITH SKULL FRACTURE (850-854)
Excludes:
intracranial injury with skull fracture (800-801 and 803-804, except .0 and .5)
open wound of head without intracranial injury (870.0-873.9)
skull fracture alone (800-801 and 803-804 with .0, .5)
Note: The description "with open intracranial wound," used in the fourth-digit subdivisions, includes those specified as open or with mention of infection or foreign body.
The following fifth-digit subclassification is for use with categories 851-854:
0 unspecified state of consciousness
1 with no loss of consciousness
2 with brief [less than one hour] loss of consciousness
3 with moderate [1-24 hours] loss of consciousness
4 with prolonged [more than 24 hours] loss of consciousness and return to pre-existing conscious level
5 with prolonged [more than 24 hours] loss of consciousness without return to pre-existing conscious level
Use fifth-digit 5 to designate when a patient is unconscious and dies before regaining consciousness, regardless of the duration of the loss of consciousness
6 with loss of consciousness of unspecified duration
9 with concussion, unspecified

850 Concussion
Includes:
commotio cerebri
Excludes:
concussion with:
cerebral laceration or contusion (851.0-851.9)
cerebral hemorrhage (852-853)

head injury NOS (959.01)

850.0 With no loss of consciousness

Concussion with mental confusion or disorientation, without loss of consciousness.

850.1 With brief loss of consciousness

Loss of consciousness for less than one hour

850.2 With moderate loss of consciousness

Loss of consciousness for 1-24 hours

850.3 With prolonged loss of consciousness and return to pre-existing conscious level

Loss of consciousness for more than 24 hours with complete recovery

850.4 With prolonged loss of consciousness, without return to pre-existing conscious level

850.5 With loss of consciousness of unspecified duration

850.9 Concussion, unspecified

851 Cerebral laceration and contusion

Requires fifth digit. See beginning of section 850-854 for codes and definitions.

851.0 Cortex (cerebral) contusion without mention of open intracranial wound

851.1 Cortex (cerebral) contusion with open intracranial wound

851.2 Cortex (cerebral) laceration without mention of open intracranial wound

851.3 Cortex (cerebral) laceration with open intracranial wound

851.4 Cerebellar or brain stem contusion without mention of open intracranial wound

851.5 Cerebellar or brain stem contusion with open intracranial wound

851.6 Cerebellar or brain stem laceration without mention of open intracranial wound

851.7 Cerebellar or brain stem laceration with open intracranial wound

851.8 Other and unspecified cerebral laceration and contusion, without mention of open intracranial wound

Brain (membrane) NOS

851.9 Other and unspecified cerebral laceration and contusion, with open intracranial wound

852 Subarachnoid, subdural, and extradural hemorrhage, following injury

Requires fifth digit. See beginning of section 850-854 for codes and definitions.

Excludes:

cerebral contusion or laceration (with hemorrhage) (851.0-851.9)

852.0 Subarachnoid hemorrhage following injury without mention of open intracranial wound

Middle meningeal hemorrhage following injury

852.1 Subarachnoid hemorrhage following injury with open intracranial wound

852.2 Subdural hemorrhage following injury without mention of open intracranial wound
852.3 Subdural hemorrhage following injury with open intracranial wound
852.4 Extradural hemorrhage following injury without mention of open intracranial wound
Epidural hematoma following injury
852.5 Extradural hemorrhage following injury with open intracranial wound

853 Other and unspecified intracranial hemorrhage following injury
Requires fifth digit. See beginning of section 850-854 for codes and definitions.
853.0 Without mention of open intracranial wound
Cerebral compression due to injury
Intracranial hematoma following injury
Traumatic cerebral hemorrhage
853.1 With open intracranial wound

854 Intracranial injury of other and unspecified nature
Includes:
injury:
brain NOS
cavernous sinus
intracranial
Excludes:
any condition classifiable to 850-853
head injury NOS (959.01)
854.0 Without mention of open intracranial wound
854.1 With open intracranial wound

What does the ABI Waiver eligibility now look like?

Case Scenario

DSPD Eligibility Determination on Acquired Brain Injury:

Please note that the below described person is being reviewed to identify if she meets eligibility criteria for both, the ABI Waiver and the UCSW Waiver under the new Waiver eligibility regulation from 07/01/2009. The below case is fictional, but incorporates all areas that need to be identified to determine eligibility.

Issue: Is Jane eligible for the Home and Community-Based Waiver for Individuals With Acquired Brain Injuries (State Implementation Plan effective July 1, 2009)?
Please note that we did not consider which waiver (ABI or UCSW) would be most appropriate to meet Jane's needs. We did not consider how her disability is best clinically conceptualized for planning and providing supports. We did not consider how

this decision might affect her Medicaid medical eligibility or other requirements. This is simply an eligibility issue.

Recommendation: Jane is eligible for both the Home and Community-Based Waiver for Individuals With Acquired Brain Injuries (ABI) and the Utah Community Supports Waiver (UCSW).

Reasoning leading to the Recommendation: Jane suffered a severe brain injury at age 17 years (her current age is 46) and she meets the federal definition of "Related Condition."
As of July 1, 2009 the ABI Waiver states that a person can be found eligible for both the ABI Waiver as well as the UCSW Waiver and that "Related Condition (RC) is no longer an exclusionary diagnosis for the ABI waiver.

During the review, we considered her age at the time of her brain injury, the severity of the injury, her overall intellectual functioning, adaptive behavior deficits, and services/support needs as well as her functional limitations. The following are our conclusions with information from the CFR in quotes:

1. Jane has a "severe, chronic disability"
2. Jane's disability "is attributable to-" a traumatic head injury as a result of an all-terrain vehicle accident in 1980.
3. Jane's traumatic head injury meets the definition of "any other condition, other than mental illness, found to be closely related to mental retardation…" Traumatic head injury/acquired brain injury is one of the common direct causes of dementia or a lower IQ in the range of Mental Retardation.
4. Jane's "condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons"

Results of the Neuro Psychological Evaluation completed by Dr. Franken in 1999 indicated an FSIQ = 65.

Diagnostic and Statistical Manual of Mental Disorders – Forth Edition (DSM-IV 1994)
"Significantly subaverage intellectual functioning is defined as an IQ of about 70 or below (approximately 2 standard deviations below the mean). It should be noted that there is a measurement error of approximately 5 points in assessing IQ, although this may vary from instrument to instrument (e.g., a Wechsler IQ of 70 is considered to represent a range of 65 –75). Thus, it is possible to diagnose Mental Retardation in individuals with IQs between 70 and 75 who exhibit significant deficits in adaptive behavior."

We are not suggesting Jane be diagnosed with Mental Retardation, just that her general intellectual functioning is similar to that of mentally retarded persons.

To conclude an adaptive behavior is similar to Mental Retardation it is necessary but not sufficient to document the presents of the adaptive deficit and that the adaptive

behavior is related to the person's diagnosed condition.

AAMR's 1992 book, *Mental Retardation – Definition, Classification, and Systems of Support* includes adaptive behavior for a person with Mental Retardation under the category of "Capabilities." The authors state: "Other inner capabilities such as energy, stability of state, mobility, strength, sensation, and communication may be affected in some individuals with mental retardation, but they are not always affected and are not essential to the definition of mental retardation." (AAMR,1992, p.11). "Other aspects of social competence such as personality, temperament, and character may be affected in some individuals with mental retardation, but they are not always affected and are not essential to the definition of mental retardation." (AAMR,1992, p.12). They go on to state that physical and emotional competence are not considered part of adaptive behavior related to mental retardation and conclude, "mental retardation is a condition in which there are limitations in conceptual, practical, and social competence." (AAMR, 1992, p.12).

In AAMR's 2002 update of the book on the definition of mental retardation, the authors include the following definition of adaptive behavior: "Adaptive behavior is the collection of conceptual, social, and practical skills that have been learned by people in order to function in their everyday lives." (AAMR, 2002, p.73). They also provide the following guidance for clinical judgment: "Evaluators must be able to distinguish limitations in adaptive behavior from problems associated with sensory, emotional, or physical conditions." (AAMR, 2002, p.85). The authors also clarify that problem behavior is not included in the assessment of adaptive behavior for use in diagnosing mental retardation.
"Therefore, behaviors that interfere with a person's daily activities, or the activities of those around him or her, should be considered problem behavior rather than the absence of adaptive behavior." (AAMR, 2002, p.79). In summary, adaptive deficits that are due to sensory, emotional, physical, or behavior problems would not be "adaptive behavior similar to that of mentally retarded persons."

Jane's records document adaptive deficits in conceptual, social, and practical skills; and not just in emotional and physical skills.

We are not suggesting Jane be diagnosed with Mental Retardation, just that her impairment of adaptive behavior is similar to that of mentally retarded persons.

1. Jane "requires treatment or services similar to those required for these persons;" as she requires supervision and individually designed and implemented skill training programs and behavioral programming to address broad deficits in the above listed major life areas. Her special needs in treatment or service related to the cause of her disability do not distinguish this as different from Mental Retardation. Brain injury is just one of the many causes of dementia or lower IQ in the range of Mental Retardation that require special considerations in treatment or services.
2. Jane's condition meets the requirement: "It is manifested before the person reaches age 22;" as her accident occurred at age 17 years.

3 Jane's condition meets the requirement: "It is likely to continue indefinitely;" as her present condition has persisted for several years and is expected to be lifelong.

4 Jane's condition has resulted in "substantial functional limitations in three or more of the following areas of major life activity: "Jane's record is clear in documenting substantial functional limitations in (3) Learning, (5) Self-direction, and (6) Capacity for independent living. There is also documentation of limitations in (1) Self-care and (2) Understanding use of language.

She also meets the "substantial functional limitations in three or more of the following areas of major life activity for Acquired Brain Injury: " Jane's record shows that she meets the following substantial functional limitations in (1) Memory or Cognition, (2) Activities of Daily Life, (3) Judgment and Self-Protection, (5) Communication, and (7) Employment.

The following assessments and documents were used during the review:

1. DSPD Eligibility Screening Committee Referral Summary by Jane's Support Coordinator
2. DSPD Brain Injury Waiver Comprehensive Brain Injury Assessment (CBIA) with a total score of 80, dated 05-28-09
3. Brain Injury Social Histories dated 05-30-08 and 05-30-09
4. Hospital Discharge Summary
5. Medical Documentation with an ICD 9 CM Code of 800.12--closed skull fracture, vault with cerebral contusion with loss of consciousness. The Medical Documentation was signed by a licensed physician. This code and definition is an eligible code for ABI Services.
5. Neuro Psychological Evaluation completed by Dr. Franken dated 10-01-99

The Support Coordinator has scheduled a meeting with Jane and her natural support system. During the meeting the Support Coordinator explained that Jane is eligible for both the ABI and the UCSW waiver. The Support Coordinator further addressed available services and supports in both waivers. Jane chose to be served on the UCSW Waiver.

Form 19B "Eligibility for Acquired Brain Injury Services."

Form 19B refers to other documentation and assessments. Form 19B is thought to be a checklist to be used for the ABI Eligibility Determination Process to ensure that the necessary documents are aligned.

You will find further information on the following:

- "Comprehensive Brain Injury Assessment (CBIA) in Module IV- "Looking Closer- Brain Injury Comprehensive Intake Screening and Assessment Form and Manual."
- Neuro./Psychiatric Evaluation in Module V- " The Impact- Neurological Assessments."
- To access the electronic version of form 19b, please click on the link below. Form 19b is also incorporated in USTEPS.

See Form 19B

Form 817B "Home and Community- Based Services Waiver- Level of Care Determination- Acquired Brain injury."

The form 817b is an eligibility form used for data entry and documenting an individual's diagnosis and eligibility for Home and Community-Based Waiver Services.

See Form 817B